



Children currently in Kindergarten to 5th Grades
and their Mothers (or other favorite adult female role model)



"Pottery Painting with Mom"

New for 2011 - Daughters and sons are invited to spend time with mom the day before Mother's Day. Mothers and children will paint a pottery item, which will be a reusable, functioning keepsake for years to come!



Saturday, May 7, 2011
10:00 a.m. to 12:00 noon
The Magic Paintbrush

(943 Marina Village Parkway, around the corner from CVS)

Cost includes one pottery item
per mom & light snack
\$40.00 for Mother/Child (\$50.00 after April 20th)
One Adult Per Child
Pre-Registration Is Required

REGISTRATION DEADLINE: WEDNESDAY, APRIL 20, 2011

**A \$15.00 administrative fee will be deducted from all credits requested before April 20th.
No credits given after Wednesday, April 20, 2011.**

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) no later than **WEDNESDAY, APRIL 20, 2011** to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. Save time and register online at: www.arpdeplay.com ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

CANCELLATION POLICY: In the event a class is cancelled by ARPD, full refunds will be issued. Refunds will not be issued for cancellations initiated by participants. If you cancel before April 20, 2011, you will receive a credit on your ARPD account less a \$15 administrative fee to be used for any future ARPD program.

We wish to participate in the **Mother/Child Special Day** sponsored by the Alameda Recreation and Park Department on Saturday, May 7, 2011 at The Magic Paintbrush:

☐ **#9568 - \$40.00 for Mother/Child Special Project**

CHILD'S NAME: _____ **BIRTHDATE:** ____/____/____ **AGE:** ____ **GRADE:** ____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____ **HOME PHONE:** (____) _____
Please note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS: _____

MEDICAL RELEASE: I give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

DOCTOR'S NAME _____ **PHONE** (____) _____

NAME OF INSURANCE _____ **GROUP OR POLICY NUMBER** _____

MOM/GUARDIAN NAME _____ **ADDRESS (if different)** _____

HOME PHONE (if different) (____) _____ **WORK PHONE** (____) _____ **CELL PHONE** (____) _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ **RELATIONSHIP:** _____ **HOME PHONE:** _____ **CELL/WORK:** _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PAYMENT ENCLOSED: CASH _____ CHK# _____ MC/VISA _____ **EXP DATE** _____